MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09828

CERTIFICATE OF DEATH

Reg. Diat. No. 293,

1. PLACE OF DEATH:

County Talbot.

City or town Rural Cordova. Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 36 yrs.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Talbot

City or town Rural, Cordova Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Louise Behrens

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	W.	Married.

6.(b) Name of husband or wife Ludwig Behrens

6.(c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) Oct. 16th 1871

8. AGE: Years	Months	Days	If less than one day
68.	10	23.	....hrs. ....min.

9. Birthplace Nebraska (Town, county and state)

10. Usual occupation Housekeeper

11. Industry or business

FATHER

12. Name Bernhardt Lueke

13. Birthplace Germany

MOTHER

14. Maiden name Anna Mueller

15. Birthplace Pennsylvania

16. Informant Ludwig Behrens.

Address Cordova. Md.

17. Burial. Date thereof 9/22/40 (Burial, cremation, or removal? Which?) (month) (day) (year)

Cemetery or crematory St. Pauls Lutheran

Location Near Cordova

18. Funeral director James A. Jones

Address Easton Md

19. 9-20- 1940. J. L. Gardner (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 19, 1940, at 10 a.m. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1940, to 9-14 1940

and that I last saw h... alive on 8-1- 1940

Immediate cause of death	DURATION
Apoplexy	1 minute
Due to Hypertension	10 yrs (?)
Due to arteriosclerosis	10 yrs?
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D.

M. D. or other

Address Easton Md Date signed 9-19-40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
OCT 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09829

Reg. Dist. No. 240

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Talbot
City or town Easton Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 yrs
Hospital, Institution, or street address where death occurred:
—
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Talbot
City or town Easton
(If outside city or town limits, write RURAL and give nearest town)
Street No. 321 Higgins St
(If rural, give LOCATION)
2.(a) If veteran, name war —

3.(a) FULL NAME Charles Brooks

3.(b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

6.(b) Name of husband or wife Connie Brooks
6.(c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years 60 | Months Unknown | Days | If less than one day hrs. min.

9. Birthplace Easton Talbot Co.
(Town, county, and state)

10. Usual occupation Janitor

11. Industry or business School Building

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden name "
15. Birthplace "

16. Informant Connie Brooks
Address Easton Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof 9-22-1940
(month) (day) (year)
Cemetery or crematory Williamsburg
Location West Easton

18. Funeral director James A. Shannahan
Address Easton Md

19. 9/19 1940 M. H. Meeres
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 17 1940 at 3:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 30 1940 to Sept 17 1940 and that I last saw him alive on Sept 17 1940

	DURATION
Immediate cause of death Acute Myocarditis	1 mo.
Due to Arteriosclerosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations —
Date of op. —
Autopsy results —
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work?

23. SIGNATURE Maynard T. Wells M.D.
M. D. or other
Address Easton, Md Date signed 9/18/40

RECEIVED
SEP 28 1940
BUREAU V. S.

09830

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

137-C

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County: Talbot

City or town: Easton (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Emergency Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Talbot

City or town: Easton (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: John Carroll Callahan

3. (b) Social Security Number: 213-16-8607

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Delia Callahan

6.(c) If alive, give age: 32 years

7. Birth date of deceased (mo., day, yr.): May 13 - 1875

8. AGE: Years: 65 Months: 4 Days: 14 If less than one day: hrs. min.

9. Birthplace: Talbot County (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER

12. Name: James A. Callahan

13. Birthplace: Talbot Co.

MOTHER

14. Maiden name: Louisa Grines

15. Birthplace: Queen Anne Co.

16. Informant: Martian Callahan

Address: Easton, Md.

17. Buried (Burial, cremation, or removal. Which?) Date thereof: 9/30/40 (month) (day) (year)

Cemetery or crematory: Easton

Location: Easton

18. Funeral director: John D. Williams

Address: Easton, Md.

19. 9/30 1940 (Date rec'd by registrar) N. H. Neeves Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 27 1940 at 7-35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 11 1940 to Sept. 27 1940 and that I last saw him alive on Sept. 27 1940

Immediate cause of death: Uremia — DURATION: 1 week

Due to: Hypertrophied Prostate & Bladder diverticulum — 2 yrs

Due to:

Other conditions (Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Easton Md. Date signed: 9/28/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 7 1940
BUREAU V. S.

09831

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (940)

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County TALBOT

City or town EASTON (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital or institution: Easton Md

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 20 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State SAME Md County Talbot

City or town Easton Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. Harrison St (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME CHARLES a CLARK

3. (b) Social Security Number 212-12-3390

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
MALE	WHITE	MARRIED

6 (b) Name of husband or wife Mary L. Clark

6(c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) 12/12/77

8. AGE:

Years	Months	Days	If less than one day
62	9	6	hrs. min.

9. Birthplace Talbot Co (Town, county, and state)

10. Usual occupation Automobile + Machinery

11. Industry or business Salesman

FATHER 12. Name Thomas Clark

13. Birthplace Md

MOTHER 14. Maiden name Georgetta Corey

15. Birthplace Md

16. Informant Mary L. Clark

Address Easton Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 9/21/40 (month) (day) (year)

Cemetery or crematory Easton Md

Location Young Hill

18. Funeral director Charles A. Spence

Address Easton Md

19. 9/19 19 40 (Date rec'd by registrar) N. H. Neirus Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH SEPTEMBER 18, 1940 19 , at A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19

Immediate cause of death Coronary Occlusion — DURATION 2 hrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Lewis J. Wells M.D. Dep. Med. Examiner M. D. ~~or other~~

Address Easton Md Date signed 9-18-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 7 1940
BUREAU V. S.

09832

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 119-a

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Emergency Hospital

How long in hospital or institution? 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Talbot

City or town Easton (If outside city or town limits, write RURAL and give nearest town)

Street No. 311 South St (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Perry Copper Dixon

3.(b) Social Security Number Yes

4. Sex: Male

5. Color or race: Black

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 15, 1940

8. AGE: Years: 0 Months: 1 Days: 21 If less than one day ..... hrs. ..... min.

9. Birthplace Easton, Md. (Town, county, and state)

10. Usual occupation Infant

11. Industry or business

FATHER 12. Name Perry Copper

13. Birthplace Easton, Md.

MOTHER 14. Maiden name Mamie Dixon

15. Birthplace Easton, Md.

16. Informant Mamie Dixon

Address Easton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 9/7/40 (month) (day) (year)

Cemetery or crematory Hammondtown

Location Easton, Md.

19. Funeral director James A. Spence

Address Easton, Md.

19. 9/7 1940 (Date rec'd by registrar) N. H. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 5 1940, at 9:58 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 3 1940, to Sept 5 1940 and that I last saw him alive on Sept 5 1940

Immediate cause of death: Entero-Colitis — DURATION: 4 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B. Cox M. D. M. D. or other

Address Easton, Md. Date signed 9/5/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

09833

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Talbot
City or town Easton
(If outside city or town limits, write RURAL and give nearest town)
How long at above place of death? Emergency Hospital
Hospital, institution, or street address where death occurred:
How long in hospital or institution? 12 hours 10 minutes

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Caroline
City or town Preston
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Leonard LeRoy Friend

3.(b) Social Security Number no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Black	single

6.(b) Name of husband or wife
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Sept. 13, 1940

8. AGE: Years	Months	Days	If less than one day
		1	hrs. ..... min.

9. Birthplace Preston Caroline Co., Md.
(Town, county, and state)
10. Usual occupation Child
11. Industry or business
FATHER 12. Name Cleveland Johnson
13. Birthplace Phila. Pa.
MOTHER 14. Maiden name Helen Friend
15. Birthplace Caroline Co. Md.
16. Informant James Edw. Friend
Address Preston Md.
17. Mount Pleasant Date thereof Sept. 16-1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Mount Pleasant
Location Preston Md
18. Funeral director Howard Edw. Friend
Address Preston Md
19. 9/16 1940 N. H. Meeres
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 15 1940 at 2:55 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 14 1940, to Sept 15 1940
and that I last saw him alive on Sept 15 1940

Immediate cause of death	DURATION
Prematurity	1 day
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Eleanor H. McCoy M. D. or other
Address Easton, Md Date signed 9-15-40

RECEIVED
OCT 7 1940
BUREAU V. S.

09834

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (9)

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County: Talbot

City or town: Easton
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred: Emergency Hospital

How long in hospital or institution? 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Talbot

City or town: Bellevue, Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Lila Mae Greene

3. (b) Social Security Number 20

4. Sex: f

5. Color or race: black

6.(a) Single, married, widowed, or divorced: single

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): Feb. 6, 1937

8. AGE: Years: 7 | Months: 6 | Days: 27 | If less than one day ... hrs. ... min.

9. Birthplace: St. Michaels
(Town, county, and state)

10. Usual occupation: Child

11. Industry or business

FATHER
12. Name: Levi Green
13. Birthplace: Bellevue, Md.

MOTHER
14. Maiden name: Marie Miller
15. Birthplace: St. Michaels, Md

16. Informant: Levi Green
Address: Bellevue Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 5th 1940 (month) (day) (year)

Cemetery or crematory: St. Michaels, Md.

Location: " " "

18. Funeral director: John D. Williams
Address: Easton Md.

19. 9/5 1940 (Date rec'd by registrar) N. H. Neiries Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 3 1940 at ... M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from September 2 1940 to Sept 3 1940 and that I last saw her alive on September 1940

Immediate cause of death	DURATION
Acute myocarditis	
Due to whooping cough	2 weeks
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE: B. Cox M. D. (M. D. or other)

Address: Easton Md. Date signed

VS A15 (T) MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09835

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Emergency Hospital

How long in hospital or institution? 8 hours 40 min

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Talbot

City or town Cordova (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Douglas L. Harrison

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife Gertrude Harrison

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 2, 1882

8. AGE: Years 58 | Months 7 | Days 7 | If less than one day ... hrs. ... min.

9. Birthplace Williams Md. (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Samuel E. Harrison

13. Birthplace Williams Md.

MOTHER 14. Maiden name Susan A. Warren

15. Birthplace Fruitland Md

16. Informant G. K. Harrison

Address Sherwood Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 12 1940 (month) (day) (year)

Cemetery or crematory Cemetery

Location Sherwood Md

18. Funeral director Newman & Harrison

Address St. Michaels, Md

19. 9/10 1940 D. H. Nevins

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 9 1940 at 10:10 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Sept 9 1940, to Sept 9 1940

and that I last saw him alive on Sept 9 1940

Immediate cause of death	DURATION
Acute decompensation	2 weeks
Due to Chronic Myocarditis	40 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. Cox M. D. (M. D. or other)

Address Easton Md Date signed 9/10/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
OCT 7 1940
BUREAU V. S.

09836

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Emergency Hospital

City or town Easton, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Queen Annes Co.

City or town Queenstown, Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME (Foetus) Jackson

3. (b) Social Security Number

4. Sex ?

5. Color or race B

6.(a) Single, married, widowed, or divorced

6.(b) Name of husband or wife

8.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 23, 1940

8. AGE: Years | Months | Days | If less than one day hrs. min.

9. Birthplace Easton, Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Linwood Jackson
13. Birthplace Marion Station, Md.

MOTHER
14. Maiden name Elsie Jackson
15. Birthplace Marion Station, Md.

16. Informant Elsie Jackson
Address Queenstown, Md.

17. Cremation (Burial, cremation, or removal. Which?) Date thereof 9/23/40 (month) (day) (year)

Cemetery or crematory Emergency Hospital

Location Easton

18. Funeral director Emergency Hospital
Address Easton

19. 9/23 1940 (Date rec'd by registrar) N. H. Neirus Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 23 1940 at 7:20 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 9-23 1940 to 9-23 1940 and that I last saw her alive on Stillborn 19

Immediate cause of death Stillborn (3 mo)

Due to Stillborn

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE N. H. Noble M. D. or other

Address Easton Md Date signed 9/23/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 7 1940
BUREAU V. S.

09837

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48-A)

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:
Emergency Hospital

How long in hospital or institution? 46 days.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Whittman
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Mrs Jennie Jones

3. (b) Social Security Number no

4. Sex: Female

5. Color or race: white

6.(a) Single, married, widowed, or divorced: married

6.(b) Name of husband or wife: Mr. Ollie Jones.

6.(c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) April 17, 1881

8. AGE: Years 59 yrs. Months 4 Days 18 If less than one day ..... hrs. ..... min.

9. Birthplace Wittman, Md
(Town, county, and state)

10. Usual occupation Home wife

11. Industry or business

FATHER
12. Name Mr. Greenberry Jones
13. Birthplace Sherwood Md.

MOTHER
14. Maiden name Sally Hunt
15. Birthplace Bozman Md.

16. Informant Mr. Ollie Jones
Address Wittman

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Sept 7, 1940
(month) (day) (year)

Cemetery or crematory Cemetery

Location St. Michaels Md

18. Funeral director Newnam & Harrison
Address St. Michaels Md.

19. 9/5 1940 N. H. Neeries
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 5 1940, at 1 20 p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 22 1940, to Sept 5 1940 and that I last saw her alive on Sept 5 1940.

Immediate cause of death: Carcinoma of Cervix — DURATION 5 yrs.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Tyler Baker M.D.
M. D. or other

Address Easton Date signed 9-5-40

VS A15 (T)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 7 1940
BUREAU V. S.

09838

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 294

1. PLACE OF DEATH:

County Talbot

City or town Tilghman

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 day

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Neavitt

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME M. Francis Jones

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	widow

6.(b) Name of husband or wife Daniel E. Jones

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 19 1874

8. AGE:

Years	Months	Days	If less than one day
66	6	22	hrs. min.

9. Birthplace Bozman, Md (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business H.W.

FATHER

12. Name Thomas F. Bridges

13. Birthplace Bozman Md

MOTHER

14. Maiden name Deborah E. Ball

15. Birthplace Talbot Co Md

16. Informant Edwin S. Jones

Address Neavitt Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 16 1940 (month) (day) (year)

Cemetery or crematory Cemetery

Location Bozman Md

18. Funeral director Newnam & Harrison

Address St. Michaels Md

19. 9/14/ 1940 (Date rec'd by registrar) G. Jackson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 13 1940 at 6P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 13 1940 to Sept 13 1940 and that I last saw her alive on Sept 13 1940

Immediate cause of death Cardiac asthma (Relation of heart) Chronic organic heart

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Guy McPeasey M.D. M. D. or other

Address Tilghman Md Date signed Sept 14 1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 7 1940
BUREAU V. S.

09839

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
County: Talbot
City or town: Easton, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred: Memorial Hospital 3 hrs.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Caroline
City or town: Hurlock
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Arthur Lewis

3.(b) Social Security Number: 218-07-6797

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife: "
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Unknown

8. AGE: Years: 40 | Months | Days | If less than one day: hrs. min.

9. Birthplace: Md.
(Town, county, and state)

10. Usual occupation: Day laborer

11. Industry or business

FATHER
12. Name: Samuel Lewis
13. Birthplace: Md.

MOTHER
14. Maiden name: Anna Sparrow
15. Birthplace: Md.

16. Informant: J. Virgil Moore
Address: Denton Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 9/30/40 (month) (day) (year)
Cemetery or crematory: Burrsville
Location: Burrsville, Md.

18. Funeral director: J. Virgil Emerson & Son
Address: Denton, Md.

19. 9/28/40 (Date rec'd by registrar) N. H. Meredith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 28 1940 at 12 05 p M

21. I CERTIFY that death occurred on the date above stated: ~~that I attended deceased from~~ 9/28 1940 to 9/28 1940
and that I last saw him alive on Sept. 28 1940

Immediate cause of death	DURATION
Shock	
Basilar fracture of skull	4 hrs.
Due to Fracture Left tibia & fibula	
Automobile accident. Coroner	
Due to Deceased was walking along road & drunk; he walked into path of car.	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident Date of 9-28-40
Where did injury occur? Andersontown (City or town) Caroline (County) Maryland (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Automobile accident. Injured at work?

23. SIGNATURE: Louis P. Watts Dep Med Ex. M. D. or other
Address: Easton Md Date signed 9-28-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T)

RECEIVED
OCT 7 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09840

131-2

1. PLACE OF DEATH

County Talbot Registration Dist. No. 293.

Village or City Queen Anne No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Alvan Neavitt If U.S. Veteran specify WAR

(a) Residence: No. Queen Anne St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ruth Fisher

6. DATE OF BIRTH (month, day, and year): Oct. 20th 1873

7. AGE: Years 66 | Months 11 | Days 3 | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Retired salesman

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Neavitt, Md.

FATHER

13. NAME: Henry Clay Neavitt

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Mary Ann Neavitt

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT (Address): Oliver Neavitt, Queen Anne Md.

18. BURIAL, CREMATION, OR REMOVAL Place: Druid Ridge Balto. Date: Sept. 19th, 1940

19. UNDERTAKER (Address): J. Virgil Moore & Son, Denton, Md.

20. FILED: 9/18, 1940. J. L. Gardner, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH September (Month) 17th (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 8th, 1940, to Sept. 16th, 1940. I last saw him alive on Sept. 16th, 1940; death is said to have occurred on the date stated above, at 4 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Valvular disease with Hypertension	1930
Other Contributory Causes of Importance: Chronic Nephritis with Uremia	1939

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William S. Seymour M. D.

(Address) Easton, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-CB

09841

CERTIFICATE OF DEATH

Reg. Dist. No. 291

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Talbot

City or town: St. Michaels

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Talbot

City or town: St. Michaels

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: J. Blaine Plummer

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Lena A. Plummer

6.(c) If alive, give age: 64 years

7. Birth date of deceased (mo., day, yr.): Sept. 20, 1876

8. AGE:

Years	Months	Days	If less than one day
64	0	6	...hrs. ...min.

9. Birthplace: St. Michaels, Talbot, Md. (Town, county, and state)

10. Usual occupation: Waterman

11. Industry or business

FATHER

12. Name: James Plummer

13. Birthplace: St. Michaels, Md.

MOTHER

14. Maiden name: Martha Seymour

15. Birthplace: Talbot County

16. Informant: Mrs. Lena A. Plummer

Address: St. Michaels, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept. 27 '40 (month) (day) (year)

Cemetery or crematory: Olivet

Location: St. Michaels, Md.

18. Funeral director: J. Norman Marshall

Address: St. Michaels, Md.

19. Sept 26 1940 (Date rec'd by registrar) John Hurwood Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 25 1940, at 11:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 25 1940 to Sept 25 1940 and that I last saw him alive on Sept 25th 1940

Immediate cause of death: Carcinoma of Stomach — DURATION: 5 mo

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: J. H. Hoke M.D. (M. D. or other)

Address: St. Michaels Md Date signed: 9/26/40

RECEIVED
OCT 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (53)

09842

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Talbot
City or town: Easton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 88 yrs
Hospital, Institution, or street address where death occurred:
North Hanson St
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Talbot
City or town: Easton
(If outside city or town limits, write RURAL and give nearest town)
Street No. North Hanson
(If rural, give LOCATION)
2.(a) If veteran, name war: —

3. (a) FULL NAME: Evelyn M. Roberts

3. (b) Social Security Number: —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife: —
6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): 12/17/52

8. AGE: Years	Months	Days	If less than one day
88	9	10	hrs. min.

9. Birthplace: Talbot County Md (Town, county, and state)
10. Usual occupation: Retired
11. Industry or business: School Teacher
12. FATHER — Name: Wm James Roberts
13. Birthplace: Easton Md
14. MOTHER — Maiden name: Margaret Ann Hanson
15. Birthplace: Talbot Co
16. Informant: Mrs Chamberlain Hayward
Address: Easton Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof 9/20/40 (month) (day) (year)
Cemetery or crematory: Spring Hill
Location: Easton Md
18. Funeral director: James A. Kerns
Address: Easton Md
19. 9/17 1940 (Date rec'd by registrar) M. H. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 17 1940, at 2.30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1940, to Sept 17 1940 and that I last saw h.. alive on Sept 17 1940

Immediate cause of death	DURATION
Cardiac Failure	3 yrs.
Due to:	
Due to:	
Other conditions: None	

(Include pregnancy within 3 months of death)

Major findings of operations: no
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: A. W. C. Stevens M. D.
M. D. or other
Address: Easton Md Date signed 9-17-40

RECEIVED
OCT 7 1940
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (S)

CERTIFICATE OF DEATH

09843

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Talbot

City or town Easton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Sherwood

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Schells

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 9-17-'40

8. AGE: Years | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace Easton, Md.
(Town, county, and state)

10. Usual occupation Still-born

11. Industry or business

FATHER 12. Name Robert Franklin Schells

13. Birthplace St. Michaels, Md.

MOTHER 14. Maiden name Selma Belle Watts

15. Birthplace Pearitt, Md.

16. Informant Robert F. Schells

Address St. Michaels

17. Burial (Burial, cremation, or removal. Which?) Date thereof 9/18/40 (month) (day) (year)

Cemetery or crematory Wittman

Location Wittman Maryland

16. Funeral director Robert Franklin Schells

Address Sherwood-Md

19. 9/18 19 40 N.H. Nevins
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-17- 19 40 at 11:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19 ..... to ..... 19 .....

and that I last saw h ..... alive on Still-born 19 .....

Immediate cause of death	DURATION
Still born	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M.D.
M. D. or other

Address Easton Md Date signed 9-19-40

RECEIVED
OCT 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-B)

09844

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Talbot
City or town Easton md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: no
Stay in hospital or inst. (yrs., or mos., or days) no
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Talbot
City or town Easton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. no
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Ada Stanford

3. (b) Social Security Number no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	a.a.	Single

6.(b) Name of husband or wife no

6.(c) If alive, give age no years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years 30 about | Months — | Days — | If less than one day ____hrs. ____min.

9. Birthplace Easton md
(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business no

FATHER
12. Name Asbury Stanford
13. Birthplace Easton md

MOTHER
14. Maiden name Ella Junkins
15. Birthplace Easton md

16. Informant Myrtle Stanford
Address Easton md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 28 (month) (day) (year)
Cemetery or crematory Richardson
Location Easton

18. Funeral director James H. Stewart
Address Salisbury md

19. 9/26 1940 (Date rec'd by registrar) H. H. Nevires Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 25 1940, at 1 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 6, 1940, to Sept 25 1940, and that I last saw h alive on Sept. 25 1940

Immediate cause of death	DURATION
Carcinoma	6 mo.
Of Stomach	
Due to —	
Due to	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE Haynard T. Webb M.D.
M. D. or other
Address Easton Md Date signed 9/26/40

RECEIVED
OCT 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-40

09845

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH

County Talbot

City or town Easton, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 12 hours.

Hospital, Institution, or street address where death occurred:
Emergency Hospital

How long in hospital or institution? 12 hr.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Tilghman Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Mr. Albert Sweitzer

3.(b) Social Security Number 213-16-7797

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	single

6.(b) Name of husband or wife

8.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 20, 1917

8. AGE: Years	Months	Days	If less than one day
23 yrs.	1	14	hrs. min.

9. Birthplace Cleveland Ohio
(Town, county, and state)

10. Usual occupation farmer

11. Industry or business

FATHER 12. Name Albert F. Sweitzer

13. Birthplace Berlin, Pa

MOTHER 14. Maiden name Lou O. Roberts

15. Birthplace Bruyt, Md.

16. Informant Albert F. Sweitzer

Address Tilghman Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 9/6/40 (month) (day) (year)

Cemetery or crematory Tilghman M.E.

Location Tilghman, Md.

18. Funeral director J. B. Marshall

Address St. Michaels Md.

19. 9/6 1940 N. H. Nevins
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-4-40 1940 at 2:50 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9-4 1940 to 9-4 1940 and that I last saw h[illegible] alive on 9-4 1940

Immediate cause of death Intracranial hemorrhage — DURATION 16 hrs.

Due to Head Trauma

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 9-4-40

Where did injury occur? Road between Tilghman & Oxford (City or town) Talbot (County) Md. (State)

Injured at home, farm, industry, public place (where?) Public highway

Means of injury Thrown from motorcycle Injured at work? No

23. SIGNATURE J. Leyden Baker M.D.
M. D. or other

Address Easton Date signed 9-4-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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2411 N. Charles St., Baltimore (93-d)

09846

CERTIFICATE OF DEATH

Reg. Dist. No. 290

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MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Talbot

City or town Unionville Rural Neck Easton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: "Outside"

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 71 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Talbot.

City or town Rural Neck Easton Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Sarah A. Thomas.

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
F.	C.	Widowed.

6 (b) Name of husband or wife Henry Thomas.

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Feb 27, 1869

8. AGE: Years	Months	Days	If less than one day
71	6	17	____ hrs. ____ min.

9. Birthplace Talbot, Md.
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business

FATHER 12. Name Daniel Eaton

13. Birthplace Md

MOTHER 14. Maiden name Nancy Skeet

15. Birthplace Md

16. Informant Maude E. Jackson

Address Easton Md R.D.

17. Burial Date thereof Sept. 6, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Unionville

Location Easton Md. R.D.

18. Funeral director James A. Spence

Address Easton Md

19. 9/4 1940 N.H. Nevins
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 3 1940, at 11:59 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 4, 1940 to Sept. 3 1940, and that I last saw her alive on Sept. 3 1940

Immediate cause of death	DURATION
Chronic Hypocarditis	3 Years
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE Haywood T. Walk M. D. or other

Address Easton, Md. Date signed 9/4/40

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2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 290

09847

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MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Talbot

City or town: Easton (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DEATHS: (For newborn infants give residence of mother)

State: Md County: Talbot

City or town: Easton (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: Virginia Rose Trax

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	W.	Single

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 30, 1887

8. AGE: Years: 53 | Months: 3 | Days: 25 | If less than one day: hrs. min.

9. Birthplace: Talbot County, Maryland (Town, county, and state)

10. Usual occupation: Retired

11. Industry or business:

FATHER — 12. Name: Geo. N. Trax

13. Birthplace: Penna.

MOTHER — 14. Maiden name: Emma Carson

15. Birthplace: Penna.

16. Informant: Mrs. Alexander Fountain

Address: Easton. Md.

17. (Burial, cremation, or removal. Which?) Burial Date thereof: Sept. 28, 1940 (month) (day) (year)

Cemetery or crematory: Spring Hill

Location: Easton. Md.

18. Funeral director: James Spence

Address: Easton. Md.

19. 9/26/40 (Date rec'd by registrar) M. H. Merrill Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 25 1940, at 9:50 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1940, to 9-25- 1940

and that I last saw h... alive on 9-20 1940

Immediate cause of death	DURATION
Malignant Hypertension	10 yrs?
Due to: Chronic interstitial nephritis	10 yrs?
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: J. E. Cox M. D. M. D. or other

Address: Easton Md Date signed: 9-26-40

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